

**MULTIPLE DEPENDENT CLAIM
FEES CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

10523183

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	1	↕		↕		↕
TOTAL DEP.	26	↕		↕		↕
TOTAL CLAIMS	27					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL IND.		↕		↕		↕
TOTAL DEP.		↕		↕		↕
TOTAL CLAIMS						